

**DEPARTMENT OF HOUSING & COMMUNITY DEVELOPMENT
STATE COMMUNITY SERVICES OFFICE
EMERGENCY FOOD NETWORK (EFN)
FY07 APPLICATION FORM**

AGENCY INFORMATION:

Agency: _____
Executive Director: _____ email: _____
Pantry Contract Person Name: _____ email: _____
Address: _____ City/Zip _____
Phone No: _____ Fax No: _____

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Are you a nonprofit organization?
<input type="checkbox"/>	<input type="checkbox"/>	Are you an agency of the government?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have an accounting system?
<input type="checkbox"/>	<input type="checkbox"/>	Do you conduct an annual audit?
<input type="checkbox"/>	<input type="checkbox"/>	Do you practice nondiscrimination?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a voluntary board (if private organization)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you charge a fee for services paid with these monies?
<input type="checkbox"/>	<input type="checkbox"/>	Is this an existing program?

Note: Please attach an organizational chart, agency's most current bylaws, updated board list and Mission Statement.

APPLICATIONS DUE: Friday, April 28, 2006 by 5:00 PM

Please submit (3) copies of the application w/(1) copy of the attachments to:
Jonathan Hardy, Director
State Community Services Office
324 South State, 5th Floor
Salt Lake City, UT 84111

If you have any questions, please call Stephanie Bourdeaux at 538-8870

**STATE COMMUNITY SERVICES OFFICE
FY2007 REQUEST FOR FUNDING APPLICATION
EMERGENCY FOOD NETWORK PROGRAM (EFN)**

Eligible uses of the funds must be categorized under the following program goals and objectives:

1. Cost efficiencies are achieved or services are improved through capacity building projects.
2. Services offered by pantries or meal sites increase participation in the food stamp program.
3. Services offered by pantries or meal sites help avert crisis situations for recipients.

1. Explain how your agency program aligns with any/all of the above identified program objectives.

2. Describe the outcomes you expect to achieve as a result of your program.

3. Describe the coordination and linkages the food pantry has with other service providers to help clients with other needed services.

4. Is this a new program? If not, how has your program service improved from last year?

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FY2007 REQUEST FOR FUNDING APPLICATION
EMERGENCY FOOD NETWORK PROGRAM (EFN)**

Number of Program Staff Positions

#of Pantries	#of Full Time Staff	#of Part Time Staff	#of Volunteers Hours

FY07 EFN PROGRAM BUDGET

EFN FINANCIAL INFORMATION	FY '05 07/04 - 06/05	FY '06 (Projected) 07/05 - 06/06	FY '07 (Projected) 07/06 - 06/07
EXPENDITURES: (EFN Money Only)			
Operational Costs (utilities, rent, etc.)	\$	\$	\$
Line Staff Salaries	\$	\$	\$
Case Management Salaries	\$	\$	\$
Transportation	\$	\$	\$
Technical Assistance	\$	\$	\$
Supplies/Equipment	\$	\$	\$
Food Purchases	\$	\$	\$
Other (specify) _____	\$	\$	\$
TOTAL EFN BUDGET/REQUEST	\$	\$	\$